

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO.      | DATE           |
|---------------------------|------------|-------------|----------------|
| FEE DETERMINATION         |            |             |                |
| O.I.P.E. CLASSIFIER       | <i>AV</i>  | <i>25</i>   | <i>11/10</i>   |
| FORMALITY REVIEW          |            |             |                |
| RESPONSE FORMALITY REVIEW | <i>TAP</i> | <i>1110</i> | <i>6/15/02</i> |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 (Through numeral) ..... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

50-14-02  
 6-1-00